

KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS  
PO BOX 1360  
FRANKFORT KY 40602  
502-564-3296  
http://lpc.ky.gov

APPLICATION FOR  
LICENSED PROFESSIONAL COUNSELOR ASSOCIATE

CHECKLIST FOR SUBMISSION

- \$50.00 Fee made payable to the Kentucky State Treasurer
- Make certain you have requested an official sealed transcript be sent to the board. These should reflect graduate coursework earned to fulfill the requirements in Section 3. If you have an official sealed transcript in your possession you may send it with your application. However, it must have remained sealed and be in the original envelope.
- Supervisory agreement. If you do not have a supervisor at this time your application can still be reviewed. Should you meet the requirements for Licensed Professional Counselor Associate you will receive a letter stating that you are license eligible but a license can't be issued until a supervisory agreement has been reviewed and approved by the board. Please remember that this is a separate document and may be found at <http://lpc.ky.gov>
- An application seeking approval for licensure with a related degree shall provide syllabi and actual catalog descriptions for all applicable coursework.

PLEASE COMPLETE ALL OF THE FOLLOWING

Name (this is the way your name will appear on certificate)

Present place of employment

Address

Address

Address

Address

City State Zip

City State Zip

Home telephone number

Present place of employment telephone #

Home e-mail address

Present place of employment e-mail address

Social Security number

1. Are you a Nationally Certified Counselor by NBCC? \_\_\_\_\_ No \_\_\_\_\_ Yes NCC Number \_\_\_\_\_
2. Are you credentialed as a professional counselor in any other state? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, Name of credential \_\_\_\_\_ State \_\_\_\_\_  
Date of issue \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Do you or have you ever held any other license, certificate, or registration from at state board in Kentucky or any other state?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, list license(s), certificate(s) or registration(s) and state \_\_\_\_\_
4. Are you seeking endorsement (Refer to KRS 335.527 in Laws and Regulations) \_\_\_\_\_ No \_\_\_\_\_ Yes
5. Have you held a certification/license/registration in Kentucky or any other state that has ever been suspended or revoked?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, give details and attach supporting documentation \_\_\_\_\_
6. Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violations) under the laws of any state in the United States? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, what offense: \_\_\_\_\_

(Attach supporting documentation)



Applicant's Name \_\_\_\_\_

**SECTION 3 - CONTINUED**

2. Human growth and development (Studies that provide an understanding of the nature and needs of individuals through the lifespan. Example Courses: human development.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

3. Lifestyle and career development (Studies that provide an understanding of career development and related life factors. Example courses: lifestyle and career counseling; vocational counseling; occupational and educational information.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours

4. Group dynamics, process, counseling and consulting. (Studies that provide an understanding of group development, dynamics, group counseling theories, group counseling methods and skills.)

Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours







Applicant's Name \_\_\_\_\_

**Section 4 - KENTUCKY BOARD FOR LICENSED PROFESSIONAL COUNSELORS  
CERTIFICATION AND VERIFICATION OF CLINICAL INTERNSHIP/PRACTICUM**

**INSTRUCTIONS: Complete one form for each semester of internship/practicum.**

**1. Name of Student/Candidate:** \_\_\_\_\_

**2. University/College** \_\_\_\_\_ **Department** \_\_\_\_\_

Degree Program \_\_\_\_\_ CACREP  Yes  No

University/College Internship Supervisor \_\_\_\_\_

Degree and Discipline of University/College Internship Supervisor \_\_\_\_\_

License/Credential Held by University/College Supervisor \_\_\_\_\_ License No. \_\_\_\_\_

Year Internship/Practicum Completed \_\_\_\_\_ Semester \_\_\_\_\_ Quarter \_\_\_\_\_

**3. Agency(s) Internship Completed** \_\_\_\_\_

Name of Onsite Clinical Supervisor(s) Please Print \_\_\_\_\_

Degree and Discipline of Onsite Clinical Supervisor \_\_\_\_\_

License/Credential Held by Onsite Clinical Supervisor \_\_\_\_\_ License No. \_\_\_\_\_

Briefly describe nature of practice/experience including populations student worked with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours Experienced in Internship/Practicum: Direct Hours \_\_\_\_\_ Indirect Hours \_\_\_\_\_

Individual Supervision \_\_\_\_\_ Group Supervision \_\_\_\_\_ Total Hours \_\_\_\_\_

**4. University/College Supervision Hours:**

Individual Supervision \_\_\_\_\_ Group Supervision \_\_\_\_\_

\_\_\_\_\_  
Student/Candidate Signature \_\_\_\_\_ Date

\_\_\_\_\_  
University Supervisor/Instructor Signature \_\_\_\_\_ Date